

# **Healthy Colleges**

**A study and report into how  
Further Education Colleges  
can promote health and well-being**

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**September 2002**

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### **Introduction**

The government has highlighted the importance of schools in promoting the health of children and young people as part of social inclusion, improvement in health and well-being since the early 1980's. The development of the National Healthy School Standard (NHSS) has been a major initiative in England to develop partnership working between schools and health agencies to promote the health and well-being of pupils and staff – and indeed of parents in the wider community.

There are 415 colleges of Further Education in England providing learning opportunities to 2.35 million people (27% of which are under the age of 19). The Further Education sector could be a valuable arena for promoting the health and well-being of adults and young people.

This report begins an assessment of whether there are any similar concepts within (FE) colleges. It aims to assess if this is an appropriate time to promote the development of 'Healthy Colleges'.

In producing this report we visited a number of colleges. We are grateful to those colleges for their co-operation.

- Gloucestershire College of Arts and Technology
- West Nottinghamshire College
- Enfield College
- Bradford College
- Southgate College

We wish to particularly thank the staff and learners who gave their time and allowed us to talk to them at length about the concept of a 'healthy college'.

During the production of this report, several colleagues and H E institutions have heard about the work through informal channels and have contacted NIACE with offers to be involved in any future activity. There is clearly a range of practice in the field that this report has been unable to access, and a lot of interest in further development.

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## Why we need Healthy Colleges

At a time when colleges are faced with ever increasing demands to respond to government initiatives, change, growth and scrutiny, why should they be concerned with health and well-being? Colleges have responded to the call to widen participation, to become more inclusive in their approach, to become more efficient and cost effective, and to improve retention and achievement among their learners as key indicators of quality. These could be seen as a range of activities that are demanding enough without taking on concerns that might be seen as outside the educational mission of colleges.

However we do know that being involved in learning can be regarded as health promoting in itself. We know that learning has the potential to improve health, both long term and immediate. (Lavender & Aldridge, 1999; Hammond, 2002) There are well-established links between educational achievement and a higher standard of living. A higher income resulting from higher achievement in education should help avoid some of the inequalities in health related to poverty. (The Acheson Report, 'Independent Enquiry into Inequalities in Health' 1998). If the act of learning and the acquisition of a good education is inherently health-promoting then it stands to good reason that education and learning needs to take place in a healthy environment. Maximising the health promoting impacts of the act of learning would hopefully increase the health outcomes. Moreover, as it would seem that the act of learning is more effective and successful when the learner is healthy (Hammond 2002) then it would suggest that maximising the health outcomes of learning will also increase the learning outcomes.

However, managers in the colleges visited did not comment on these wider connections between health and education. Managers and tutors in colleges could be expected to be mindful of the learning divide and of their central role in widening participation. However, it does not appear that there is yet a similar consideration of their role in bridging the health divide and in the promotion of health and well-being. Developing an understanding of how education and learning play a part in meeting this other key government agenda item of tackling health inequalities could have important implications. Firstly, if colleges understood their role in tackling health inequalities, it might be easier to argue for greater resources to widen participation and promote lifelong learning. Secondly, the development of an understanding of the connection between learning and health needs to be the basis upon which partnership work can be built. The connections between learning and health need to be expanded. The development of a model of a 'healthy college', and the promotion of this is a key way forward. The benefits at present are largely perceived as being more immediate to the development of a contented, happy and healthy workforce and student body as more likely to produce a successful learning organisation.

There are five major reasons for colleges to be concerned with the health and well-being of their learners and staff:

1. ***A sense of security, of well-being and of belonging has positive impacts on learner achievement.*** There is an increasing awareness of, and growing evidence that educational achievement is linked to a whole range of factors. If learners can

achieve success it builds on self-esteem and will contribute to a virtuous cycle of involvement, motivation, personal growth, achievement and progression. There is anecdotal evidence that a 'healthy college' ethos leads to greater academic achievement.

2. ***A concern with health and well-being can contribute to an improvement in the quality of the student experience***, which in turn will impact on recruitment retention and success of their learners. This then is a legitimate demand on the attention of college managers alongside other factors that contribute to improving the student experience.
3. ***A concern for the health and well-being of staff must be a part of a college's response to providing the best opportunities for learners***. The ability to provide an appropriate educational experience for learners depends upon the ability of staff to deliver it. The pressures for change and improvement all impact on staff.
4. ***Learners are facing many different experiences that can impact on health and which may impact on their educational performance***. Colleges seeking to help learners to maximise their achievements are increasingly assisting with the effects of these wider experiences. Colleges are not a part of the health service, but they are concerned with people and the pressures that affect the educational performance of their learners. Most full-time learners are in the 16-19 age group, and many colleges will also have learners aged 14-16. Indeed government policy towards developing a 14-19 stage of education will increase college involvement with younger learners. These age groups need information about health and need education, support and direction as they mature. Some may experience significant health problems. Older learners will face different challenges as they attempt to balance education with factors such as family, finance and housing. As colleges widen opportunities they are increasingly coming into contact with wider social problems such as homelessness, drugs, disabilities, mental health and access. Colleges are frequently the first line of guidance about concerns beyond education.
5. ***Colleges need to be concerned about learners to be able to attract and keep them***. Despite the current mood for partnership working and away from the fierce market forces that shaped education provision in the recent past, there is still a competitive element in the recruitment of learners. A college that can offer a range of quality services for the benefit of learners and which supports their needs will gain an edge in the key areas of recruitment and retention. They will soon gain a reputation in the community and among future learners that will assist their development. Assisting learners to achieve is good for learners and is the most potent of marketing information. The development of a badge such as AoC Beacon Awards or IIP which can be included in prospectuses might act as marketing tools for attracting learners.

## What makes a Healthy College?

In looking at what makes a Healthy College, it is first helpful to look at the National Healthy School Standard.

The aims of the National Healthy School Standard are:

- to help raise pupil achievement;
- to help reduce health inequalities;
- to help reduce social exclusion.

At first sight, these are aims that could equally apply to colleges, and offer a good starting point in developing the concept of a 'healthy college'. However, before we can transfer the concept to the college sector, the terminology would have to change to learners rather than pupils, and two further aims would be desirable:

- to promote lifelong learning;
- to widen participation and diversity.

The approach and model used in the National Healthy Schools Standard attempts to shape the whole school context, including:

- leadership, management and managing change;
- policy development;
- curriculum planning;
- teaching and learning;
- school culture and environment;
- giving pupils a voice;
- provision of pupils' support services;
- staff professional development needs, health and welfare;
- partnerships with parents/carers and local communities;
- assessing, recording and reporting pupils' achievement.

It is intended that the total experience of school life should be conducive to the health of all who learn and work there. Projects have included healthy eating, physical activity, drugs education, anti-bullying policies, and concern over emotional needs. The specific themes covered by the NHSS are: local priorities, school priorities, PSHE, drugs education (including alcohol and tobacco), emotional health and well-being (including bullying), healthy eating, physical activity, safety and sex and relationship education.

The National Healthy Schools Standard is a useful model but colleges are more complex institutions than schools. They contain a wider age range, a much broader curriculum, a wider ability range, attendance may be full-time or part-time, on site or in the community, learning can be at a distance or on-line. So how can a concept of what constitutes a healthy college begin to be developed?

In the colleges visited an interest and concern for the needs of the student body was accepted as a normal pattern of activity. The colleges are concerned with the

retention and achievement of their learners, not just because these are crucial performance indicators, but because all expressed genuine concern for the well-being and welfare of the learners. All believed that responding to the needs, concerns, problems and difficulties of learners would help them to achieve. However, the colleges had not collected evidence to correlate the resources deployed and the outcomes. It was an act of faith and belief that there is a link between responding to the concerns of the learners and a successful college.

*“I am sure that there is a link between healthy, happy learners, who are well informed and have access to a wide range of services, and the factors upon which the success of the college is measured, such as recruitment, retention, achievement and widening participation. However, we don’t have any formal mechanism for recording this link, although it would be very useful.” (Head of Student Services)*

Many of the strategic managers in the colleges felt that because they have access to a student population of a significant size it is appropriate for meeting a student need and cost effective to develop the promotion of health and well-being on the premises. The development of a ‘Healthy College’ standard could validate this belief.

Interest and concern for the health and well-being of both learners and staff manifested itself in a variety of activity, provision of services and a range of policies that impacted on health and well-being. Some demonstrated more advanced thinking towards the development of a whole college ethos of care and well-being, others had elements.

## **A Standard for a ‘Healthy College’**

Using the same approach as the National Healthy Schools Standard it is possible to see the kinds of initiatives and work being undertaken in the colleges we visited. It is also possible to see the challenges that face colleges in their attempts to promote health and well-being and where there are significant gaps that still need to be addressed.

### **Leadership, Management and Managing Change**

Leadership and management are important for the development of a ‘healthy college’. Strong direction, support for staff by giving top down leadership and involving them by encouraging bottom-up ideas and developments, and giving high priority to student well-being are key components. Commitment, understanding and direction are essential to ensure that the necessary resources will be deployed to develop services and employ the appropriate personnel. If the ethos of a ‘healthy college’ is to be achieved, it needs to exist throughout the institution. This may sound obvious, but in a similar way to the development of the ‘Investor in People’ award, it needs to be clear, open and seen as part of a college culture. Much of the activity within the colleges that obviously related to health and well-being was based with student services. However, if the notion of a ‘healthy-college’ is to permeate all areas of a college, including teaching and non-teaching, on-campus and off-campus then it must be led by the Principal for the college and driven by Senior Management.

In one college, staff commented on the massive impact of a new Principal with commitment to developing a more positive response to the health and well-being of learners. This was seen as the key factor in developing services for the benefit of learners in the college and in creating an ethos of care that appeared to pervade the college.

An active and dynamic lead at an operational level was also seen to be important. The more successful and developed responses appeared to be championed by an individual with drive, commitment and a belief that the college should take a lead in developing a response to the health needs of its learners. In the colleges visited, this lead was largely found within a Student Services unit, but further research could reveal alternate patterns of provision.

In the colleges visited, there is not an accepted model for leadership of the student welfare function, or more specifically, for health and well-being. The colleges visited have a senior manager who is expected to lead or take responsibility for student welfare – usually at Vice Principal level. All the colleges also utilised a third tier manager for the operational delivery and management of student services that included and encompassed health and well-being. Successful implementation and development in this area of activity appeared to correlate with the effectiveness, experience and energy of this tier of operation. The development of a clear leadership role for health related activity might help smooth the way to the development of a ‘healthy college’.

*“Within this college there is a strongly embedded commitment to the health and well-being of learners. This commitment is led from senior management, but is shared*

*throughout all levels of the college. It is reflected in formal policy documents and is widely implemented and effectively resourced.” (Manager)*

### **Policy Development**

The colleges visited could all point to key discussion, in strategic management and corporation meetings, about the needs of learners and how colleges can best support them. Actual policy as a result does vary. Colleges tend to have well-developed strategic direction and policy within health and safety, essentially as a result of the legal issues; but, less obviously so in the promotion of health and well-being. Colleges have developed a range of responses about student welfare, including financial support, childcare, transport, equal opportunities, disciplinary related elements. It is in the practical application of policy to promote student welfare that most responses to health and well-being are to be found. These include support features such as counselling services, some have health clinics, many have advisory roles and all appear to involve themselves in campaigns such as ‘no smoking’ days, drugs awareness etc. Health and well-being has not appeared as an independent policy area in the colleges that we have seen. A more coherent approach to pulling together different but related activity would help in the development of the college response to health and well-being. For example, colleges that have won the Charter Mark for customer service have already been through a similar process. In winning the Charter Mark colleges pulled together different and related policy documents and procedure documents that all related to providing excellent customer service. The process of winning the Charter Mark enabled colleges to concentrate on improving customer service and to see how different but related policies impacted on the satisfaction of new and existing learners within their colleges.

*“I think there is a strong and genuine commitment across all levels of the college to promoting the health and well-being of learners. It is a very important part of the whole student experience. However, as far as I am aware we do not have a specific written policy on health and well-being, instead it is embedded within a broad range of policies and services.” (Head of Student Services)*

### **Curriculum Planning**

The promotion of a ‘healthy college’ through curriculum appears to happen in a number of ways.

Meeting health concerns in the curriculum are more frequently found in those vocational studies with high health risk elements, such as construction, hairdressing and engineering. Tutors in these areas regarded health and safety as integral to the skill development of learners and built these elements into the curriculum. Beyond this, we found a range of elective studies related to healthy living, including nutrition, healthy cooking, personal health and hygiene, fitness and sport, alternative health care etc. However, take-up in these parts of the curriculum was patchy, reflecting the elective nature of provision.

In one college, the nurse was involved in the delivery of health promoting activity within tutorial programmes aimed primarily at Curriculum 2000 enhancement. The nurses indicated a wish to be more involved in curriculum support and delivery, but

could not do so because of limited time and availability, and also, a patchy set of requests from different courses for their services. Further research on the role and value of nurses on site would be valuable.

*“I would very much like to see my role as a college nurse as a proactive and preventative approach. I would like to be able to go in to tutorials on a regular basis to deliver sessions on specific health issues. However, due to the tight resourcing of the service I do not have the time to do this. Ninety-five per cent of my time is spent actually dealing with learners and staff that come to the clinic. Also, there are big differences in the level of awareness among tutors. Some tutors do invite me to their tutorials, but there are some tutors that have never invited me to attend.”*(College Nurse)

A development reflected in two of the colleges visited is the deployment of youth workers within student services who also assist in enrichment programmes. As colleges have developed activity within the 14-16 age group, and undertaken activity to widen participation, they are being faced with a wider range of behavioural problems relating to discipline, attendance, learning support, and adapting to the ethos of college. They are also faced with learners who are living away from parents at a younger age. Social issues and problems, such as homelessness, independent living, ability to feed and maintain themselves independently, are appearing with younger learners. The skills of Youth Workers with young people – communication, listening, empathy etc. and the ability to gain the confidence of the learners through not being perceived as authority / establishment figures – have allowed these colleges to develop more effective responses to well-being and health related issues. Young learners are being offered an enhanced support system at a stage of their development where they may be vulnerable to a range of mental health problems. Youth Workers appear to have a high degree of success in relating to the younger student body and are thus able to discuss, direct and assist in meeting their needs, which include health and well-being. Again, there is a need to extend research into the value and deployment of youth workers.

### **Teaching and Learning**

One of the strongest patterns to emerge from discussions with the five colleges, is the extent to which tutors, particularly personal tutors, play a crucial role in ensuring that the health and well-being needs of their learners are effectively addressed. All the colleges drew attention to this as a key feature of provision. Tutoring staff are often the first point of contact in identifying issues as and when they emerge and therefore are required to make an important judgement about how to deal with issues and whether learners should be referred, either to services within the college or to external specialist agencies. In such cases, a lot depends upon the skills, experience and knowledge of the tutor.

*“Tutoring staff play a key role in identifying any issues that may emerge relating to the health and well being of their learners. Although it may not always be appropriate for tutorials to deal with a problem that arises, they are able to direct learners to the appropriate services or point of contact in a sensitive and well informed manner.”* (Strategic manager)

All the colleges visited have established a form of academic/personal tutor system as the first line support for academic progress and as a named contact point for wider student support. In all cases, this tended to be largely academic in activity and as a referral point for accessing other more specialised services. The tutorial system varied in student caseload from around 1:15 up to 1:30. The timetabled allowance for this activity also spread between 1 and 2 hours per week. The variations reflect the resource that the individual colleges feel that they can afford for tutorial; activity. The personal support for learners was seen to be important and valuable. However, the quality of the work was perceived to be considerably variable. Some staff deliver a minimum service within the time allocation, whilst others were seen to be contributing a considerable amount of 'goodwill' time for the benefit of their learners. It was widely stated that as formal demands on staff increased, there was less time, energy, and commitment to continue to deliver above a minimum contract in relation to learners. The increasing demands for formal statistics on retention, progression and achievement are given higher priority than more general issues of well-being of individual learners. The importance of the tutorial as the main contact point with learners requires that it cannot be left in this uncertain way. A 'healthy college' needs to provide time and opportunity for staff and learners to be able to meet and discuss personal and health related issues.

### **Culture and Environment**

The colleges demonstrated that they were concerned with providing a clean, welcoming environment for their learners. In some cases, this combined encouraging learners to care for their environment with provision of some recycling facilities (paper, cans). All had publicity on the type of service that they provided for health support, although in some cases this appeared on notice boards or leaflet racks, and was not an obvious activity. All the colleges seen had participated in major awareness campaigns/days and were committed to informing and advising their learners. However, there was still a sense of the information being targeted at a younger full-time audience. Before a college could claim to be a 'healthy college' there would need to be more information, aimed at all learners and with a higher profile.

In the colleges visited we saw a range of sympathetic time-tabling, counselling services, financial support, learning support, supportive and helpful tutors, programmes to encourage learners through first steps onto more advanced learning programmes. In one case of absence related to illness, staff had made efforts to maintain contact, provide work to be done at home and supported the student on returning to the college. There is evidence of providing a learning environment to support adult learners. This was not in itself perceived as developing a 'healthy college', but should be seen as a significant element in what one should look like.

The World Health Organisation European Charter on Environment and Health 1989 states that "*Good health and well-being require a clean and harmonious environment in which physical, psychological, social and aesthetic factors are all given their due importance.*" This statement reflects the growing awareness of the link between our environment and physical and emotional health and well-being. In industrialised societies this link also includes the built environment as well as the natural environment. "*Environments with high aesthetic quality provide pleasurable places*

*to be for contemplation, personal reflection, enjoyment, relaxation and replenishing the soul. They also help to encourage a healthy personal outlook.”* (Phillipp 2001)

With regard to colleges this means that they need to consider being more than clean welcoming environments and think about how they can aesthetically project an environment which promotes learning as a process involving reflection, interaction growth, change and achievement.

### **Giving Learners a Voice**

In order to provide a well-targeted service that effectively meets the needs of both staff and learners within further education colleges, it is essential for colleges to consult learners and staff about their needs and the types of services they would like to receive.

Public policy is clearly intending to put learners at the heart of provision:

*“The new arrangements have been designed to ensure that the interests of the learner come first and are of paramount importance.”*  
(*The Learning and Skills Council Prospectus, 1999*)

*“The Learning and Skills Council will) develop mechanisms for taking account of the views of learners and potential learners.”*  
(*LSC Remit Letter, November 2000.*)

From our interviews it is possible to identify a range of methods of consultation used by colleges to do this. These include:

- **student questionnaires:** although most colleges distribute questionnaires to their learners, the questions are generally fairly broad and unspecific and do not focus upon issues of health and well-being;
- **student union representatives** sit on committees that may, as part of their remit, address issues of health and well-being;
- **induction week** is used to ask learners about issues which cause them concern, which may impact upon their health and well-being. On the basis of this the college can then plan its strategy for addressing such issues;
- **exit interviews** have been used to identify any factors that may have had a negative impact upon learners’ health and well-being;
- **a fifth method of consultation was about Involving learners and staff in the formulation of health planning within its strategic plan.**

Although colleges endorse the value of consulting learners, it is accepted that in order for consultation to be non-tokenistic and effective it must be well planned and measures must be implemented to ensure that feedback is acted upon. The learners interviewed were positive about being involved, but the range of opportunities to do so were varied. There is a need to extend the analysis on how colleges are seeking to discover the views of learners and identify practical ways of involving them. Some of the learners that we interviewed expressed concern about the ways that they are consulted:

*“Although the college does ask our views on certain things, it is often difficult to see the outcome. For example recently there was a questionnaire about the transport provided by the college and I know that a number of learners commented on a particular issue. However, we have had no feedback on whether they will take any action, so it makes me wonder why they bothered asking us in the first place.” (Learner)*

### **Provision of Learner Support Services**

Across the five colleges that we visited there appears to be consensus that it is not the responsibility of colleges to provide formal direction over issues of health and well-being. However, the colleges expressed the view that they should have a key role in providing effective advice, guidance and information about the range of issues that impact upon health and well-being in order to improve the student experience.

*“I don’t think that the college should be too prescriptive about health issues, as we are all adults and should take responsibility for ourselves. However, I think it is useful that services are there if learners need them. I suppose that some learners need greater support and help than others.” (Learner)*

Colleges offer learners a range of services and information about issues of health and well-being, which can include:

- access to college nurses;
- health centre;
- one off events, such as national no smoking day and drugs awareness day;
- counselling;
- one to one sessions;
- a health shop;
- a young persons clinic;
- access to contraception and advice around sexual health issues;
- financial support funds and advice;
- careers education and guidance;
- a peer counselling scheme, where individual learners provide counselling to other learners on a voluntary basis.

These services are communicated to learners in a range of ways including:

- course induction;
- through the student handbook;
- through personal and course tutors;
- leaflets and posters;
- intranet.

Some of the colleges that we visited take a strategic and proactive approach to the issue of health and well-being, whereas others provide limited services and information in a more reactive manner. The extent to which a college is proactive, and the type of services and information that it offers, is often dependant upon the specialisms of the staff.

Activities within student service units include initial contact and recruitment, guidance and admissions, identification of support needs, welfare, housing and childcare, counselling. Collectively, this work of student service units appears as a clear concern for meeting some of the needs relating to the well-being of learners whilst at college.

Where youth workers are employed they also play a key role in terms of providing a highly visible front line presence to learners over issues of health and well-being, with much of their work being preventative.

*“Youth workers are really important in addressing problems and issues that relate to health and well-being. They are able to mix with learners in places such as the canteen or the information shop. For example, sometimes their presence can stop trouble from occurring; or often younger learners will talk to them informally about issues such as contraception. They are able to give advice in a relaxed, friendly and non-threatening manner.” (Head of Student Services)*

More direct concern on medical health ranged through involvement in health promotion (non-smoking days, drugs awareness), health education (sexual health, family planning, exercise), and in some cases the provision of a health centre with a full time or (substantial) part-time nurse on site with a first line medical response and referral onwards to other medical services.

The presence of a health clinic, together with a nurse on site would appear to demonstrate a high commitment to responding to health issues of learners. We were advised that there are around 60 colleges who continue to provide this type of service. The figure is based on an informal network of college nurses and has not been verified. The background and experience of the nurse also influenced the actual delivery and range of services available. In one college, the nurse has a background and training in occupational health. This has resulted in a high profile for occupational health issues (for both staff and learners), an input and higher level of support in vocational courses of such issues, and more pressure on college management to respond on occupational health. This enhanced provision has benefited staff through an increased interest in occupational health, and learners by raising the profile of occupational health issues within vocational specialisms. In another, the nurse has a background as a health visitor and family planning nurse and has developed an enhanced service reflecting these skills, with regular advisory clinics available to both learners and staff. The learners and staff in these colleges benefit from the skills of the nurse on site, but the enhanced service is an accidental, albeit beneficial, by-product of the skills of an individual. There did not appear to be any means of sustaining such advanced services if the individual left the college. In one case, the nurse did not feel confident that her particular skills would be replicated. The main requirement in most cases was the primary nursing qualification. Any specialism was a bonus. A clear message for the colleges is to select a nurse who can enhance the college response to a healthy college environment. The colleges with the nurses showed a commitment to this activity with the allocation of resources to continue the service. Strategic managers wished to continue to provide this service and had chosen to support it from the central college budget. However, there can be no guarantee that it could be provided indefinitely.

One college had seen the whole issue of health and well-being as important to their mission and had allocated resources accordingly, including:

- the development of a college ‘health shop’ as a focal point of services;
- nursery provision for over 300 child places: removing the worry of obtaining good childcare, especially for the less well-off learners;
- nursery vans for community crèches; extending the benefit of childcare to learners who could not access main sites;
- youth workers on all sites;
- 2 full-time mental health workers;
- 2 part-time counsellors;
- a fleet of minibuses: removing the problem of travel to college for many learners;
- nurse.

This college had also been particularly successful in working with the local LSC and other agencies to develop and fund its services. They have met many needs through Additional Support Funding.

The college has convinced many local partners that some of the main target groups for health promotion and development, (such as potential teenage parents, learners with learning difficulties, and learners with mental health difficulties) are together in the college and that the provision of services (such as contraception and mental health support), is more cost effective through the existing college support systems:

*“This area has the second highest teenage pregnancy rate in the country. During the first month our health shop received 822 enquiries and carried out over 50 pregnancy tests. We have managed to convince funders that these services are strongly needed in the college, and these figures prove it.” (Head of Student Services)*

### **Staff, Professional Development Needs, Health and Welfare**

All of the practitioners that we interviewed felt quite strongly that the health and well-being of learners in further education colleges is influenced by the health and well-being of staff, particularly those for whom direct interaction with learners is part of their role. On this basis, any concept of a ‘healthy college’ must encompass the health and well-being of both staff and learners if it is to be fully effective.

Four of the five colleges visited have nurses located on their main site. In these colleges there is a high concern for the physical health of learners and staff. Although the main function of college nurses is to provide advice and treatment to learners, there was evidence that the services are also accessed by staff.

Of the college nurses that we interviewed three indicated that stress and related mental health issues are the main concerns brought to their attention by staff. One of the college nurses stated that stress is the number one cause of absenteeism amongst staff. This is also recognised as an issue by senior managers and is largely attributed to external pressures that are increasingly being placed upon the further education sector.

*“Although our services are predominantly targeted at learners, over the last few years there has been a significant increase in the number of staff that come to see us. The main health issue that they come to talk to us about is stress, often they just need to get away from the day to day stresses of working in a college, but sometimes the problems are more serious.” (College nurse)*

The college personnel departments outlined concerns over levels of staff sickness and how these impact on the operation of the college. These related to Human Resource management concerns over patterns and causes of absenteeism, the costs of absence and cover, stress on staff, and the impact on the morale of staff. There was a genuine concern that demands at work could adversely affect the health of staff.

The college that employed a college nurse with an occupational health background have shown that the health and financial benefits of employing such specialist staff are compelling:

- the employment of a back care nurse at an approximate cost of £11,000 per annum, requires just a 5% reduction in staff absence due to musco-skeletal problems in order to recover staffing and employment costs. This is a large college with substantial FE and HE provision. The benefit may not apply in smaller colleges;
- it was claimed that the introduction of ergonomic guidelines in one college has resulted in a reduction of such problems in staff, from 13% down to just 4%.

All colleges showed an awareness of the impact of staff absence on the student experience. Staff absence was seen to affect the quality of learning, sometimes because it was not possible to replace specialist staff at short notice or simply because a variety of staff replaced absentees with little or no continuity.

*“In some instances, particularly in areas where it is difficult to recruit enough tutors such as IT and sports, staff absence due to poor health creates problems. In the past we have had to cancel lectures and tutorials. I am very aware that lack of continuity is disruptive and can have a negative impact upon the learners.” (Head of Department)*

The colleges appear to have different perceptions about their priorities and starting points when implementing health and well-being policies: some begin with a concern for their learners; others place greater initial emphasis upon their staff. The most effective means of developing a ‘healthy college’ approach appears to involve both staff and learners, while recognising that it may be necessary and appropriate to target specific practice according to the differing needs of staff and learners.

## **Partnerships**

A number of the practitioners that we interviewed made reference to the importance of developing effective partnerships with external agencies that provide specialist advice and information on issues of health and well-being. Examples of this include:

- one college liaises with a local health authority on a peer HIV education project;
- the closure of a local mental health hospital had implications for the college in terms of increased participation by learners with mental health difficulties and involved the college in building points for referral and help;
- at one college the nurse has built up a network of links and regularly refers learners to external services, including GP contacts, family planning, mental health services and social services (including housing and benefit services).

*“Developing a working knowledge of health and social services available in the local area is very important. As a college nurse our resources are fairly restricted, therefore it is important to be able to refer learners to specialist services in the community which can provide them with effective information and support.” (College nurse)*

*“Recently a major mental health hospital closed down. As a college we weren’t aware of or consulted about this decision. The implications for the college were quite extensive, we had an increased number of people with mental health difficulties applying to attend courses, but we were unable to provide a co-ordinated approach to this new level of need.” (Head of Student Services)*

It is unlikely that any college would be able (or wish) to provide answers to all the health needs of its learners. In most cases, the college can act as a source of information, a guide, and a link to professional care. To do this effectively, the college needs to build its links with local professional groups and providers of services. A pro-active role in the community would enable the college to build the caring environment that it can offer learners and help it become a ‘healthy college’. Research into the range and type of contacts is needed to provide examples of good practice, and also to identify the types of organisations and service providers that would be willing to work with college.

To be fully effective, there is a further staff development need that would enable more staff to recognise and respond to any difficulties that learners may be experiencing, and how the college links can be used to enhance the care of the learners and thus contribute to the ‘healthy college’.

An understanding of the connectivity of learning and health must be at the basis of partnership working. There must be more than just the provision of health services on site. Colleges need to be seen as valuable partners in tackling health inequality. Participation in learning, raising achievement, progression are important strategies in tackling health inequality, and need to be seen to be so.

If the health services can understand the value of learning, they are more likely to refer people for learning, and provide a boost to attempts to widen participation. The health services can be useful allies to colleges. In turn, if the learning providers fully understand the value of learning to health, they are also the allies of the health services.

Developing colleges into ‘healthy colleges’ is a good way of signalling the intent to take seriously the connection of learning and health.

## **Assessing, Recording and Reporting Learner Achievement**

Assessing, recording and reporting learner achievement was seen as being part and parcel of good teaching and learning. Tutors recognised that providing good feedback to learners about their work enabled learners to assess their own strengths and weaknesses and therefore to identify areas for further development and effort. This was seen as being a crucial part of the learning process. Similarly tutors understood that reporting achievement was an important part in building learners self-esteem.

High self-esteem is linked to a good sense of well-being. There is also documented evidence that high self-esteem is linked to positive health behaviours. The link between learning and health can therefore be seen to be immediate, through raising self-esteem and engendering a sense of positive well-being and longer-term through encouraging positive health behaviours.

Learner achievement can also be exemplified through the showcasing of learners work. Displays of work and the commissioning of creative work not only celebrate achievement but also promote a culture and ethos of pride and pleasure in learners work. It may also add to the college by enhancing the aesthetic and emotional environment.

## **What are the challenges to creating ‘Healthy Colleges’?**

### **Community based learning**

For learners that are based at a main site access to services that address issues of health and well-being is not generally problematic, as they are located within close proximity to where their learning takes place. However, for learners, usually adult learners, that access learning in a peripheral or community based setting such as a village hall or a community centre, it is more difficult to provide them with the same level of information and support around issues of health and well-being. From the perspective of the college, the provision of services such as a nurse, a youth worker or a counsellor, would be very time consuming and expensive across all of the locations within which learning is delivered. Even if the staff travelled to other centres, there might not be adequate physical resources to accommodate an effective service, and in most cases this would reduce the level of support at a main site. From the perspective of learners that access learning in the community, many of whom are adults studying part-time, it may not be convenient to attend the main site, during the hours of 9am–5pm to access services. Learners are advised of the availability of services at main sites, but it remains a problem that most of these services are denied to many, if not most, adult learners. It might be argued that some adult learners would not need access to college-based health services, as their needs may be met in the community already. However, access to support services through telephone help-lines for counselling, financial queries or sign-posting to sources of help could be an alternative means by which colleges can respond to the needs of all their learners. Mobile awareness-raising information on health might be more appropriate. Partnership approaches between health improvement services and colleges could be an effective way to meet the needs of learners in the community. If we are to develop a concept of a ‘healthy college’, it will be a critical area to address this issue, and to develop models of good practice to ensure that all learners have access to support.

*“Our programmes are delivered across two main sites and a very high number of outreach and community locations. In terms of funding it would be impossible to provide a full range of services across all of these sites. All learners have access to the services provided at the two main sites, but I am aware that this is a problematic issue, particularly for part-time learners who have commitments during the daytime and are therefore unable to attend the main sites when services are available.”*  
(Strategic Manager)

### **Barriers to individuals’ learning and well-being**

Adult learners are faced with a range of factors that can add to their stress while undertaking learning. These include balancing commitments to learning with work, with benefits, with childcare, and with family pressures. For some there can be previous health problems, housing/homelessness, and financial commitments. There are confidence issues and for some a range of learning difficulties related to basic skills needs, learning and writing skills that may just be rusty, new and different teaching and learning styles and simply returning to a learning institution which they may perceive as not being intended for them. The whole business of entering college can be a stressful experience for all learners, but particularly so for adult learners. For example, the application process, enrolment procedures, information that can be

unclear, poor directions etc. Concern for these features must be seen as part of a college's commitment in developing a healthy environment for all learners. It begins with recognition that adult learners face many of these problems, and continues with a commitment to remove the barriers.

### **Learners in temporary accommodation**

Learners living away from home and leading an independent /semi-independent existence has been more common in higher education institutions. Consequently, further education colleges with a strong HE tradition, or those partly structured from mergers between further and higher education institutions may have stronger concerns with the health and well-being of their learners. They appear to accept more readily the need to provide a range of services such as a health centre and counselling services and to fund staff who have a direct concern for health and well-being issues. Colleges may still have the infrastructure of a health and well-being service that is designed to respond to these issues among their young learners who may have recently left home for the first time. In one of the major colleges visited, a health centre had been maintained with trained staff and a continuing expectation that this service should be available to its full range of learners. The college has a strong and continuing involvement in HE. The service is now available and of benefit to the whole student body, and the college reported that in reality most usage is now among FE learners. Colleges without this type of infrastructure may not be in a position to develop a health support service that is clearly needed by both FE and HE learners.

All the colleges visited commented on the trend for more (and younger) learners to be living independent lives, away from home, without parental guidance, and thus displaying many of the characteristics and needs of full-time learners living away from their homes. The colleges with experience and a staffing infrastructure for responding to difficulties faced by learners away from home expected to continue and offer support services for the full range of learners. Other colleges displayed a willingness to respond but at times without systems or funding to develop systems to respond. Colleges are responding to the call to widen participation in learning and to be more inclusive in their approach to learners. They recognise that new learners may experience a variety of pressures, and may turn to the college as a first call for guidance and assistance. Colleges try to respond but are unable to meet all needs without resource and or expertise. The main response is to offer first line advice and direction and to try to respond to immediate issues that impact on learning. They cannot provide a complete response to the range of problems faced by learners.

### **Impact of widening participation**

Another issue that has emerged is linked to broader initiatives to promote social inclusion and widen participation in learning within further education colleges. Although practitioners are generally committed to extending access to vulnerable groups of people, such initiatives inevitably result in an increase in the range of issues related to the health and well-being of learners. An example of this is increased numbers of asylum seekers and refugees joining further education: one nurse made reference to new problems presented by this group, which are often related to experience prior to entering the UK; or an understandable lack of knowledge or understanding about services available within the UK, including how to access health

care support. They frequently use college support systems in place of external health care services. Colleges respond with advice, guidance, referral and emergency care (where qualified staff are available). It is seen as a genuine support structure needed by learners, but questioned by colleges as to whether they can or whether they should provide and fund such activity. Many would wish to take on the challenge, but there are significant resource issues that need to be addressed to enable them to do so.

*“There has recently been an increase in the number of refugees and asylum seekers accessing services provided by the clinic. Some of these people have very specialised needs, for example, they may have been victims of torture in their home country, others simply need information, such as how to register with a doctor. This type of demand places extra pressure upon the clinic, and we are often not fully trained to deal with the problems presented.” (College Nurse)*

Another provider spoke of the high levels of teenage pregnancy in the area (reported as the second highest in the country), which creates the need for, support for young parents and their families, including childcare, dealing with stress, managing money, balancing family and learning. Throughout the colleges there appeared to be a realisation that if genuine attempts are made to widen participation, this will result in an increased demand for health and well-being services, which has financial and resource implications for colleges. This consequence of the widening participation agenda needs to be addressed or new learners may be discouraged by an environment that fails to meet their needs, or, more worryingly, it could lead to a reduced effort to recruit them in the first place.

*“Because of the nature of the groups that we are targeting through attempts to widen participation (such as single parents, travellers and people with disabilities), there is inevitably a range of health and welfare issues that must be addressed. There needs to be an acknowledgement that additional funding is required to provide these services if we are going to make genuine attempts to widen participation.” (Strategic Manager)*

Other issues linked to usage and take up of service are around:

- the needs of learners with learning difficulties and disabilities: some colleges reported high take up of health and well-being services by this group of learners;
- the recent introduction of the 14-16 cohort to some further education colleges has presented new issues around health and well-being: one college reported increased incidences of bullying, which they attributed to this age group. Concepts of well-being include aspects of personal safety, comfort and confidence that can be threatened by such behaviour;
- many young people are arriving in colleges with the label of behavioural difficulty. There is the possibility that this could mask undiagnosed mental health difficulties. At present, this conclusion is based on the anecdotal evidence of tutors, and requires a full analysis. If colleges are to respond to the needs of this group, and ensure that their well-being, and the well-being of other learners is assured, then there will be a need to resource this area adequately.

These groups of learners have accessed further education through successful efforts to widen participation. On-going efforts will ensure that even more and different learners will have the opportunity to access learning. These are the same groups of people that are often targeted for health improvement and to redress health inequalities.

### **Health and well-being of staff**

Although not perceived as a barrier to the development of a healthy college, most colleges commented on the increase of stress related behaviour in both staff and learners; a trend that is reported by the lecturers' trade union, NATFHE. Some HR managers commented on increasing sickness absence attributed to work-related stress by staff themselves or by GPs in completing sickness forms. Clearly, if a college is to be regarded as a 'healthy college', this issue must be addressed. A mixture of responses to this trend has included in-house and external access to occupational health bodies, counselling services, access to the college nurse, sympathetic time-tabling, phased returns to work after absence in addition to regular monitoring to check and control the problem.

Most colleges commented on some of the challenging elements that can follow a policy of widening participation. New learners from non-traditional backgrounds may experience a wider set of social difficulties and problems than previously encountered in college. Colleges had seen an increase in violent behaviour, bullying, younger learners living away from home with issues of poor or no accommodation, poor eating patterns, increasing issues of sexual health and behaviour, drugs related problems, and often pure inexperience or absence of knowledge in using external agencies, particularly among asylum seekers and refugees. Colleges are responding, but the growth and scale of the issues is stretching their ability to respond to all needs in ways that they feel appropriate. Many members of staff are faced with a situation for which they are not prepared. In some cases staff development in skills related to working with the new learners and gaining an understanding of their learning needs might be sufficient. For others there is a significant need for awareness training of the nature of the difficulties encountered by learners, and for a few there is a significant attitudinal change required before progress can be made. There is a case for further research to identify good practice in supporting staff through these changes, and to link this to their health and well-being.

### **Measuring the Outcomes of Creating a 'Healthy College'**

In the colleges visited, staff in those that have, or are developing, an ethos of caring about health and well-being demonstrated positive attitudes about the future direction of their colleges. There was higher morale and commitment among staff, and a more involved student body. Whether it is possible that there is a causal link between these elements would require more research activity. However, there appeared to be a clear association between the institutions that were being positive in caring for their staff and learners and the positive attitudes of staff and learners.

All colleges showed an awareness that the quality of their work in supporting and developing health and well-being would be likely to impact on the key performance indicators of recruitment, retention and achievement. However, none had isolated or

begun to measure directly any possible connection. Health and well-being was seen to be a 'good' in itself but without having obvious and separate policies and actions. Yet clearly concern, awareness and real practical steps are being taken.

*"I suppose there is a recognition throughout the college that issues of health and well being are very important, but there are sometimes barriers between recognition and implementation of policies and practical measures." (Manager)*

If a 'healthy college' standard is to be set then ways of measuring its impact on recruitment, retention and achievement are important. Equally important will be the need to measure any decrease in negative behaviours such as bullying, harassment and vandalism as well as absenteeism and sickness in staff.

## Summary

The report does not set out to provide a definitive view of the composition of a 'healthy college'. Instead, it is a first attempt to define the area, using the experience in five general FE colleges.

The report highlights levels of awareness and interest, and steps that have been taken towards improving the health and well-being of the learners in the colleges. Collectively, the actions of the colleges can be seen as progression towards creating what might be (or could become) a 'healthy college'. There are examples of good practice, useful role models and opinion on the way forward. In some cases there was a whole college approach and in others we found good practice within parts of the college or with specific groups of learners.

At this time, there is no attempt to claim that the findings represent a coherent strategy or a set of operational practice for the development of 'healthy colleges'. The research only allowed time to 'test the water' and probably raises more questions than answers.

The report includes a number of recommendations for consideration by the Department for Education and Skills to develop this work further, and also to act as a stimulus for further discussion and debate.

## Recommendations

1. The research indicates that colleges are at a different stage in development when compared to the Healthy School Standard. The development of a Healthy College Standard could assist in their development. Colleges should be encouraged to undertake an audit of their current policies and practice in relation to the health and well-being of their learners. ***It is recommended that a checklist or standard is produced and circulated to colleges so that they can undertake an audit quickly and cost effectively, without major resource investment.*** This will enable colleges to both highlight good practice where it exists; to identify any gaps in policies and provision; and to plan and implement action where required.
2. Although there was a strong feeling amongst practitioners that formal targets would add to high levels of bureaucracy, ***there was a shared consensus that some recommended guidelines would be an effective way of encouraging colleges to allocate priority to the issue of health and well-being.***
3. ***More research is required on the link between effective approaches to improving the health and well-being of learners and its impact upon recruitment, retention and achievement.*** If hard evidence of links to such positive outcomes could be identified, this would enable and motivate colleges to establish performance indicators and to measure the impact of their policies and practice.
4. Case studies and information about existing good practice would enable colleges to replicate and implement new policies and practice in relation to health and well-being. ***It is recommended that further research be undertaken in order to identify and record existing good practice.***
5. Colleges need to explore ways in which they can collaborate with and make more overt relationships and strengthen partnerships with the Health Service and other agencies concerned with health promotion. Colleges have indicated that they do not have the resources to respond on their own. ***The development of effective partnerships might provide ways forward.***
6. Finally, it is recommended that further research is undertaken in order to produce and disseminate a guide to good practice in relation to the health and well-being of learners in further education colleges. This guide should include:
  - a clear and shared definition of the concept of ‘health and well-being’;
  - suggested indicators of what would constitute a healthy college;
  - an audit checklist of measures that could be implemented by colleges;
  - a set of recommended guidelines and practical steps that colleges can take to implement health and well-being measures following such an audit;

- evidence of the link between effective health and well-being policies and positive outcomes such as recruitment, retention and achievement;
- case studies and examples of good practice;
- examples of performance indicators that could be implemented by colleges to measure positive outcomes;
- the feasibility of a 'healthy colleges' quality mark.

Such information would enable colleges to implement practical measures to improve the health and well-being of their learners at a relatively low cost.

**NIACE would be willing to work in partnership with others, e.g. the Health Development Agency, to develop these concepts. Consideration can be given to extend ideas into HE and the implications for distance and on-line learning.**

## References

1. The National Healthy School Standard initiative, [www.wiredforhealth.gov.uk](http://www.wiredforhealth.gov.uk).
2. Great Britain Department of Health (1999). *Saving Lives : Our Healthier Nation*, Stationery Officer.
3. DfEE (1999). *The Learning and Skills Council Prospectus: Learning to Succeed*
4. Health Education Research (Dec 2000). *Developing Indicators to Enhance School Health*
5. Welsh Journal of Education (2000). *An Investigation into the Factors that Prevent Secondary Schools Becoming Healthy*
6. The Mental Health Foundation (2001). *Promoting Mental Health in Primary Schools*
7. James, K. (2001). *Prescribing Learning*, NIACE
8. Aylward, Nicola (2002). *The Learning Needs of Young Adults with Mental Health Difficulties*, NYA/NIACE YAL Pubs: briefing paper
9. Aldridge, F. and Lavender, P. (1999). *Impact of Learning on Health*, NIACE
10. Hammond, C. (2002). *Learning to be healthy*, Wider Benefits of Learning Centre IOE
11. Philipp, Robin (2001). *Aesthetic Quality of the Built and National Environment : Why does it Matter?* In *Green Cities : Blue Cities of Europe*, WHO